NHS
North East
Ambulance Service
NHS Foundation Trust

Board of Directors Public Meeting No.4 2026/27

Date of Meeting:	Thursday 19 November 2026		
Executive Sponsor:	Chief Executive Officer	**Author(s):**	Chief Executive, Assistant Director of Communications and Engagement, Director of Strategy, Planning and Transformation
Title:	**Chief Executive's Update**		
Paper Type:	For Decision ☐	For Assurance ☐	For Information ☒
Paper Status:	Public ☒	Private ☐	Internal ☐
Purpose:	The purpose of this paper is to update the Board on key issues facing the Trust.		
Recommendation:	The Board is asked to note the contents of this report.		
Previously Considered by:	N/A		
Onward submission to:	N/A		

Please indicate how paper links to the following key considerations:

Strategic Objectives:	Data-Driven Clinical Interventions & Left Shift ☐		Define & Enhance Quality at NEAS ☐		Improve ARP Performance ☐
	Improve Staff Experience & Maximise Contribution ☐		Improve Long-Term Sustainability of the Organisation ☐		Enable Analogue-to-Digital Transition ☐
System Triple Aims:	Better Health Outcomes ☒		Better Experiences for People ☒		Better Use of Resources ☒
Trust Values:	Compassion ☐	Accountability & Responsibility ☒	Respect ☐	Excellence & Innovation ☐	Proud to Make a Difference ☒
CQC Quality Statements:	Safe ☐	Effective ☐	Caring ☐	Responsive ☐	Well-Led ☒

NEAS Summary Month 6 - September 2026

NHS OVERSIGHT FRAMEWORK Q1 2026/27	PROVIDER CAPABILITY RATING 2025/26 *(Latest reported)*
Segment 1	Green

Overall Position

M6 provides reasonable assurance overall, with stable quality and safety, positive clinical outcomes and strong ambulance response performance.
However, reduced C2 headroom, worsening handovers, sickness and call-taking pressures increase operational risk entering winter, while recurrent financial savings remain a key focus.

EXCEPTIONS & FOCUS

Strengths

- Strong ambulance response performance; C2 remains ahead of plan YTD, alongside improving H&T and conveyance outcomes.
- Quality and safety remain stable, with positive clinical outcomes overall.
- Financial breakeven is forecast and the full-year CIP requirement has identified schemes.

Risks

- Reduced C2 headroom and worsening handovers increase winter delivery risk.
- Sickness remains above ambition, increasing winter resilience risk.
- Recurrent CIP delivery and the underlying financial position remain key risks.

Watchpoints

- Call-taking performance remains pressured across 999, NHS 111 and PTS.

NHS North East Ambulance Service NHS Foundation Trust

Key

- Achieving Plan/Target
- Not Achieving Plan/Target
- No Plan/Target
- Improving trend
- Deteriorating trend
- Normal variation
- Increasing trend
- Decreasing trend

PEOPLE

Sickness	6.7%
Training	99%
Appraisals	89%
Vacancy Rate	2.5%
Turnover	8.6%

OPERATIONS

ARP

C1 Mean	00:06:19
C2 Mean	00:21:09
H&T	14%
S&T	29%
S&C	57%
999 Mean Call Answer	00:00:03

111

111 Mean Call Answer	00:01:03
Calls Abandoned	5.2%
Clinician Call Backs In Timeframe	35%
111 C3/4 Validations	80%

PTS

Calls Answered In 30 Secs	45%
On Time Arrival	76%
Time On Vehicle <120 Mins	100%
Collection Within 90 Mins	84%

FINANCE

Planned Surplus/Deficit	£0.0m
YTD Variance To Plan	£0.3m
CIP Delivery Against Plan	£0.6m
Capital Variance To Plan	£4.2m
Implied Productivity Growth Rate (Jun-26)	4.6%

QUALITY

Patient Safety Incidents Per 1000 Calls	3.4
% Incidents Moderate Harm Or Above	5.8%
Complaints Per 1000 Calls	0.4
Patient Satisfaction (FFT) (Aug-26)	89%
PSII	0
After Action Reviews	1

CLINICAL

ROSC Utstein (May-26)	56%
Survival At 30 Days Utstein (May-26)	44%
Stroke Timing (May-26)	01:15:30
STEMI Timing (May-26)	02:19:36
Post-ROSC Care Bundle (May-26)	86.3%

Together we make a difference

Better together.

Background

This report provides a summary of the key issues facing the Trust and activities undertaken since the last report to the Board of Directors on 17 September 2026.

Executive Summary

The Trust continues to perform strongly, remaining the fastest responding ambulance service in England across all four national response categories, alongside positive clinical outcomes and increasing numbers of patients receiving care without conveyance to hospital. Hospital handover delays, pressure within NHS 111 and Patient Transport Service punctuality remain areas of focus as we enter winter.

National policy continues to emphasise greater organisational accountability, productivity and providing more care closer to home, closely aligning with the direction of the new NEAS strategy and informing planning for 2027/28. The Trust is also continuing to strengthen engagement with colleagues, patients and partners, alongside its commitment to an inclusive culture through the Become the Bridge anti-racism pledge.

The Board is asked to note the Trust's continued strong performance and its focus on winter preparedness, delivery of the new strategy and planning for 2027/28.

Overview

This month, I want to highlight our commitment to ensuring everyone feels they belong at NEAS. We have signed up to Become the Bridge, a North East Anti-Racism Coalition initiative bringing organisations together to take practical action to challenge racism and build a fairer, stronger region.

This commitment reflects our values and the organisation we want to be. This organisation should be somewhere colleagues feel welcomed, respected and valued, and where the communities we serve experience the same. We know racism and discrimination can affect people's wellbeing, confidence and sense of belonging, so it is important that we listen, learn and act.

Equality, diversity and inclusion are fundamental to a caring, safe and effective NHS. By learning from others, challenging inappropriate behaviour and making space for different voices and experiences, we can strengthen our culture and the care we provide. Signing the pledge is not an end point, but a commitment to keep listening, learning and improving.

Performance

Ambulance response times continue to perform well and we remain the fastest responding service in England against all four national response time targets. We remain the only Trust in the country to achieve the average Category 1 response standard with a time of six minutes 19 seconds.

Our year-to-date average response to Category 2 emergencies, which include conditions such as suspected strokes and heart attacks, is 19 minutes and 32 seconds against the national standard of 18 minutes. In September, we saw the average response to Category 2 emergencies was 21 minutes and 9 seconds as winter pressures are now being felt across the health system.

Feedback from people using our services remains positive and our performance reports show that patients continue to receive safe and good-quality care. There are also approximately one in seven patients who were given advice or care over the telephone. This is the highest level we have reported. We are also treating